

Emergency Hospital Preparedness in New York City May 4, 2004



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HRSA Funding is Essential to Hospital Preparedness

- HRSA funds are the only federal source of hospital funding for:
 - Infrastructure development and
 - Citywide and regional planning
- 80% of funds are spent on the medical care delivery system:
 - Public hospitals, private hospitals, primary care centers
 - Emergency Medical Services (EMS)
 - Poison Control Center (PCC)

Degree of emergency hospital preparedness is directly proportional to strength and funding of HRSA's hospital preparedness program

Hospital Preparedness Activities in New York City

2002 (YEAR 1): Hospital Infrastructure
3.3M + 2.5 (20% Yr2) = 5.5M

\$75,700 / hospitals x 72
BT Coordinator
Heath Alert Network (HAN)
Connectivity
Communication, Decon Unit
Education & Training

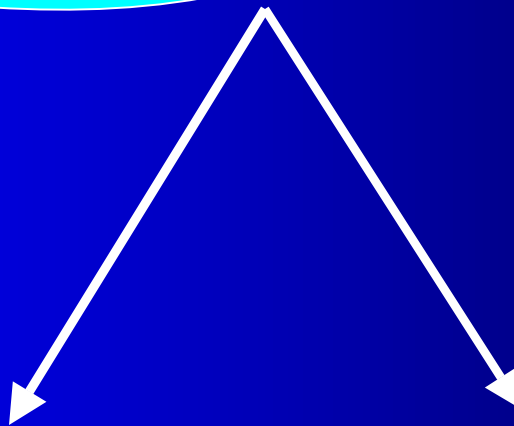
2003 (YEAR 2): Planning between & assessment of hospitals, drills, infrastructure for EMS, outpatient centers, Poison Control Center
10.8 M total

\$750K X 4 Centers (24 hosp)
\$50K X 71 hospitals
\$150K FQHCs (25 centers)
\$85K EMS (96 agencies)
\$200K Poison Control Center (PCC)

2004 (YEAR 3): Add more Centers, integrate additional primary care centers, expand to all-hazards approach, strengthen linkages with public health agencies, providers and first responders

Awaiting 2004 HRSA Announcement and Guidance

HRSA Funding Determines Emergency Hospital Preparedness



2005 funding increases (+)

2005 funding decreases (-)

Preparedness efforts progress (+)

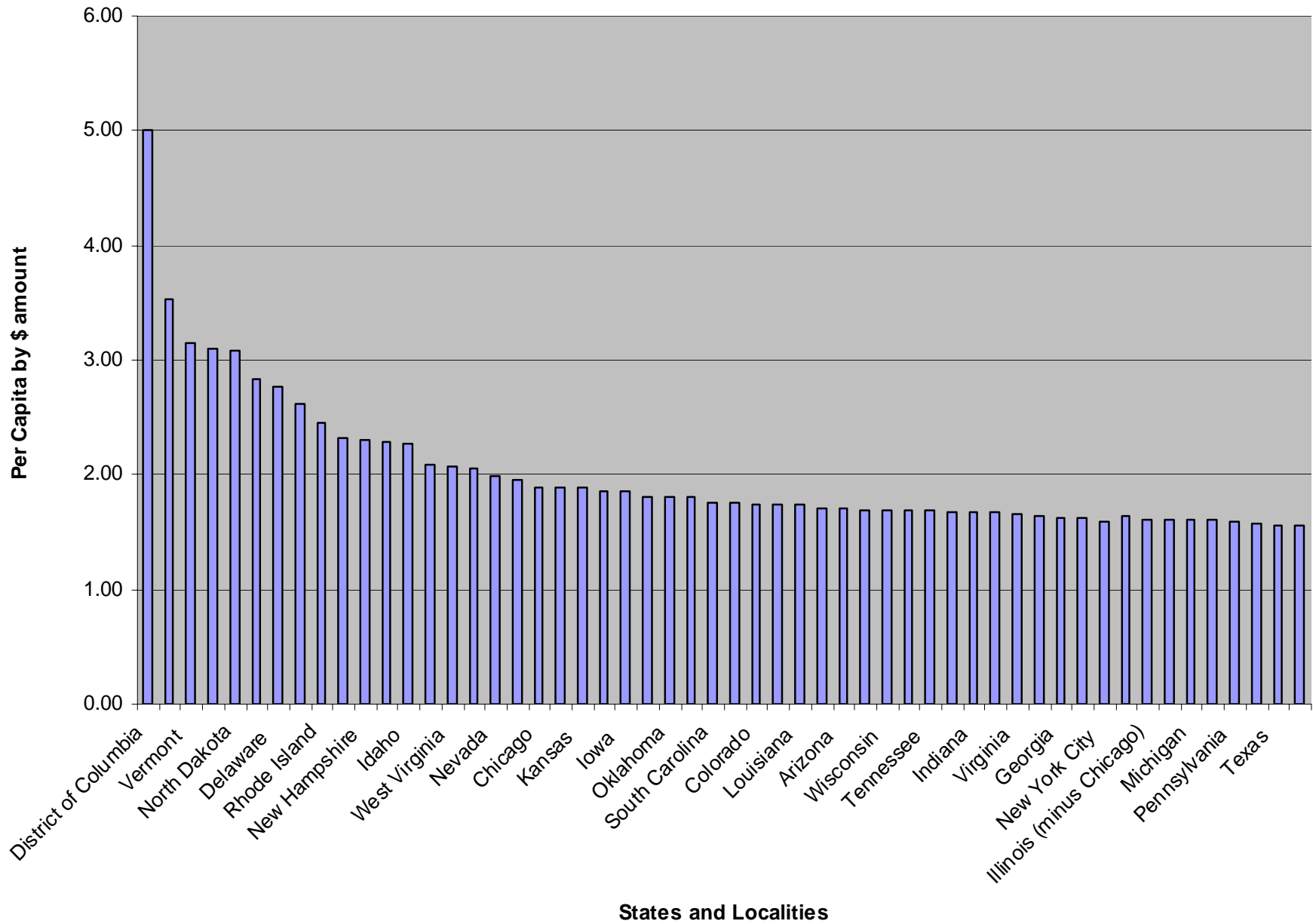
Preparedness efforts decline (-)

Maintaining Our Vision for Emergency Hospital Preparedness

We ask the Council to recommend to the Secretary that HHS should:

- Change the distribution of hospital preparedness funding from population-based to risk-based formula (The City receives only \$1.59 per capita versus \$1.71 nationally, ranking 45th out of 54)**
- Increase HRSA funds for hospitals and medical care delivery system**
- Support an all-hazards approach to emergency hospital preparedness**
- Increase funding to augment and sustain linkages between public health agencies, providers and first responders**

HRSA Funding Per Capita



Maintaining Our Vision for Emergency Hospital Preparedness

The fifty states and four designated municipal entities need increased and risk based funding to provide:

- Documented standards of emergency hospital preparedness;**
- A standardized definition for surge capacity building for all hospitals;**
- Developed benchmarks for the wide range of medical providers outside of the public and private hospital system;**
- Coordinated education and training projects across government and non-government agencies, public and private hospitals, universities, to prevent duplication of efforts**

Decrease in 2005 HRSA funding to medical care delivery system will result in:

- ***Gaps in infrastructure building;***
- ***Less integration into citywide and regional planning;***
- ***Limited sustainability of current infrastructure***

Will NYC be Prepared?

Hospitals/Acute
Care Facilities

Primary Care Centers

Emergency
Medical
Services/First
Responders



Public Health Agencies